

Idaho EMSAC News

Emergency Medical Services Advisory Committee Newsletter

Emergency Medical Services Advisory Committee IDAPA 16.02.03.100

A statewide committee appointed by the Director of the Department of Health and Welfare "to provide counsel to the Department in administering the EMS act"

Dia Gainor reviews final model of the National EMS Scope of Practice Model

Meeting Dates

- EMSAC, Dec. 8, 2005

Ameritel Inn-Boise Spectrum 7499
Overland Rd., Boise, ID

- EMSAC, Mar 16, 2006

Ameritel Inn-Boise Spectrum 7499
Overland Rd., Boise, ID

Call your regional EMS office for more information

Dia Gainor, EMS Bureau Chief, reviewed the final model of the National EMS Scope of Practice and possible implications for Idaho. Idaho has been a user of the National Highway Traffic Safety Administration (NHTSA) EMS curricula since the 1970s. NHTSA will no longer be the developers of national standard curricula, rather *The EMS Education Agenda for the Future: A Systems Approach*, released in 2000, called for the development of a system to standardize education and certification and licensure of entry level EMS providers.

The EMS Education Agenda for the Future proposed an EMS education system that consists of five integrated components; National EMS Core Content,

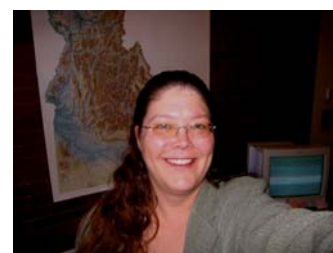
National EMS Scope of Practice Model, National EMS Education Standards, National EMS Certification and National EMS Education Program Accreditation.

The National EMS Scope of Practice Model (which can be viewed at

www.emsscopeofpractice.org)

creates a floor, or minimum entry level knowledge and skill set, but does not define the ceiling, or limit that each level would be restricted to. The four EMS levels recommended include:

Paramedic level will have little impact for Idaho, it remains very similar to the model currently being used. (The Advanced Practice Paramedic, found in draft 2, was removed



Dia Gainor, EMS Bureau Chief

from this model).

Advanced Emergency Medical Technician (AEMT) Adoption of the Scope of Practice Model at this level in Idaho would mean adding several medications and dual lumen airways for Advanced EMTs. Historically a very hard to define standard for this

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National Registry adopts computer based testing for all levels

Effective Jan 1, 2007, the National Registry of EMT's (NREMT) is discontinuing all paper written exams and will provide computer based, computer adaptive testing for all levels of EMS entry level which NR recognizes. A meeting earlier this year with NREMT repre-

sentatives and several subsequent teleconferences addressing upcoming changes have identified that the challenge for Idaho will be access and cost.

Access: The National Registry of EMT's is contracting with Pearson VUE, the largest testing

service center in the USA. All levels of EMS exams will be available at all locations. Pearson VUE EMS test sites for Idaho EMS students are planned for Idaho Falls, Twin Falls, Boise, Spokane and possibly Lewiston. For this model,

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The National Scope of Practice Model "creates a floor, or minimum entry level knowledge and skill set, but does not define the ceiling, or limit that each level would be restricted to."

*(Continued from page 1)
Dia Gainor reviews*

level nationwide, it may be the most challenging to integrate into the current Idaho EMS system. Consideration to the Idaho Advanced EMT as it exists now and the newly created Idaho specific Intermediate will be necessary as Idaho tries to integrate the new national standards with state needs.

Emergency Medical Technician (EMT) Compared with the current EMT-Basic there is more aggressive airway management skills and some additional pharmacological interventions.

Emergency Medical Responder (EMR) Similar to First Responder, major differences are inclusion of oxygen therapy, the use of unit dose auto injectors for the administration of life saving medications intended for self or peer rescue, AED use and trauma care.

There will be a federal contract, presumably with the National Association of EMS Educators, to develop the curricula associated with the National Scope of Practice Model. The publishing community is expected to take on the task of producing textbooks and other educational resources.

The model acknowledges that a state may choose to break away from the model by adding skills or to deviate by adding a whole new level. The model warns against this because there will not be a national curricula, educational materials or certification exam. While it is not mandatory for a state to adopt these newly defined EMS levels, the next steps for Idaho is determining how and when to re-identify Idaho levels in support of the effort to standardize the EMS profession nationwide. At this time, Idaho EMS is still moving forward with implemen-

tation of the Idaho EMT-Intermediate.

Pros and cons of the use of automated glucometry was one of the most debated skills at the national level. It is technically a federally regulated lab test. If an EMS agency brings the blood glucose measuring equipment it is subject to rigorous licensing standards, ensuring proper use and maintenance of the device (calibration, cleaning and potential blood-borne pathogen exposure protocols). An agency would need to apply for a CLIA waiver for a lab license.

Although decisions are being made at the national level regarding new EMS levels and educational standards, ultimately, input from EMS agencies and administrators and the potential impact to the Idaho EMS community will certainly be a factor in determining the future of EMS in Idaho.

New license renewal application captures baseline information that will be used for grant awards

Past recommendations from the EMSAC Licensure, Grants and Medical Direction subcommittees led to several changes in the content of the 05-06 application for EMS agency annual license renewal.

Of particular concern to the Medical Direction subcommittee were the remaining EMS agencies that did not have off-line medical directors, identified during the 04-05 license renewal process. The Grants subcommittee also recognized the benefit to obtain reliable baseline EMS agency information such as call volume, response areas and vehicle data, so the information would not have to

be restated in an EMS agency grant application. The EMS agency license renewal application distributed in September was updated to include requests for this information.

With 178 license renewals complete as of November 18, 2005, 4 pending and 11 not yet submitted, 11 agencies were issued provisional licenses through March 31, 2006, to obtain off-line medical direction. One EMS agency was not relicensed due to the inability to provide 24 hour, 7 day a week coverage. This agency was encouraged to integrate with the next closest responding EMS

agency or develop a plan for the recruitment of new agency personnel.



Camas County 1977 Ambulance replaced in 2002

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National Registry

the practical exams need to be taken before the student is eligible to take the written exam.

Cost: The cost of the written exam will increase as follows: First Responder from \$20 to \$65, EMT-Basic from \$20 to \$70, Advanced EMT 85 from \$45 to \$100 and Paramedic from \$50 to \$110, for each attempt.

Discussion concerning the possibility of on-site event based testing may be available but would be estimated to cost \$2,500 to \$5,000 per off-site test plus travel expenses of the Pearson VUE employee assuming adequate technical facilities to plug in the Pearson VUE server are in the community. NREMT does plan to develop written exams for the EMS levels that are identified in the National Scope of Practice Model.

Discussion occurred about having different testing procedures for different levels, or more than one option, utilizing another EMS test vendor, IO Solutions. With IO Solutions, current fees would remain the same and paper and pencil written exams would still be used. A process to determine if the IO Solutions test was comparable in validity to the NREMT exam was also discussed. There was concern about dual systems and the possibility of a candidate not being able to pass one or the other of the exams.

Idaho currently conducts about

900 NREMT exams annually. Idaho might risk losing some NREMT/Pearson VUE test sites if Idaho accepts a two exam scenario because the NREMT/Pearson VUE sites were chosen based on projected volume. Reciprocity for EMT's that pass IO Solution's exam will need to be developed regardless of Idaho's decision, because several states have already adopted IO Solutions as their EMS certifying exam.

Further discussion brought up other issues regarding testing and assurance of minimum competency for entry level EMS providers. It was recognized that the educational institution is also responsible, with one level of competency assurance being course completion using ultimate written and practical exams. The EMS Bureau's responsibility is to the safety of the public. Whatever test we decide to adopt for initial competency validation in Idaho, it's the educational process that should be assuring the student's qualifications.

Jeff Bates, the Idaho Consortium for EMS Education (ICEE) representative, presented the ICEE recommendation to accept one test, the National Registry, because it is the nationally recognized gold standard.

IO Solutions was recommended for the EMT-I level because they will create the unique test needed for this Idaho specific level. Another recommendation was to give IO Solutions a trial at the EMT-I level before considering implementation as a state standard for other levels.

The NREMT asked all states to make a declaration of their intention by October 1, 2005. A motion was made to recommend retaining the NREMT for paramedic level testing and look at IO Solutions or other methods for other levels was made and seconded 5 ayes 16 nays. The motion failed.

A motion to recommend retaining NREMT for all levels and budget for event specific testing in remote areas with an amendment that money is set aside for agencies with affiliated students to cover exam fee was rescinded. The point was made that paying for rural and not urban test fees was not equitable.

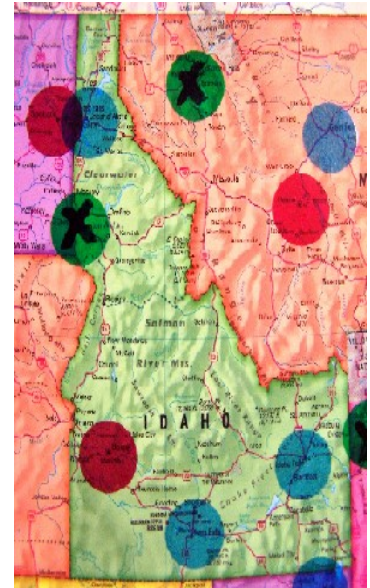
A motion to recommend taking more time to study the issues and report to NREMT that Idaho is undecided was seconded and carried. Points to consider:

More information is needed about all options before making a decision.

Establish a task force, contact constituents and get a detailed report from ICEE about the presentations from NREMT and IO Solutions.

An integrated computer system between NREMT, Pearson Vue, the State EMS Office and educators needs to be developed for implementation of the NREMT model.

Pros, cons and risks need to be presented to EMSAC before they would offer a decision.



Proposed National Registry Exam Sites

Cost of written exam for each attempt		
	Now	CBT
First Responder	\$20	\$65
EMT-Basic	\$20	\$70
Advanced EMT 85	\$45	\$100
Paramedic	\$50	\$100



Air Medical Utilization Task Force

State Comm identified 222 instances of no notification to State Comm of an air medical dispatch during the period of September 2004 through September 2005.

John Cramer developed an EMS Air service response area map showing 100 mile radius response areas. This map was used as a resource for five camp medical unit leaders for use in developing their patient transport plan.

Preparations are being made to

develop a uniform statewide helicopter landing zone curriculum for EMS personnel

Two complaints result in revoked instructor status

Complaint #1 involved an EMS instructor who received payment to instruct two EMS courses, but did not teach them. Motion was made to revoke instructor status for two years.

Complaint #2 involved an EMS instructor that failed to provide adequate practical and clinical opportunities for Advanced EMT students. Motion was made to

revoke instructor status for two years and also to investigate possible submission of false documents in association with the class.

EMS-C Sub-committee



Grant requires well defined measurements

New criteria identified in the current federal grant application requirements require well defined performance measures.

EMS-C performance measures include: assuring operational capacity to provide pediatric EMS patient care, expanded requirements for pediatric continuing education requirements for paramedics and evaluating

the performance of the EMS-C program in Idaho.

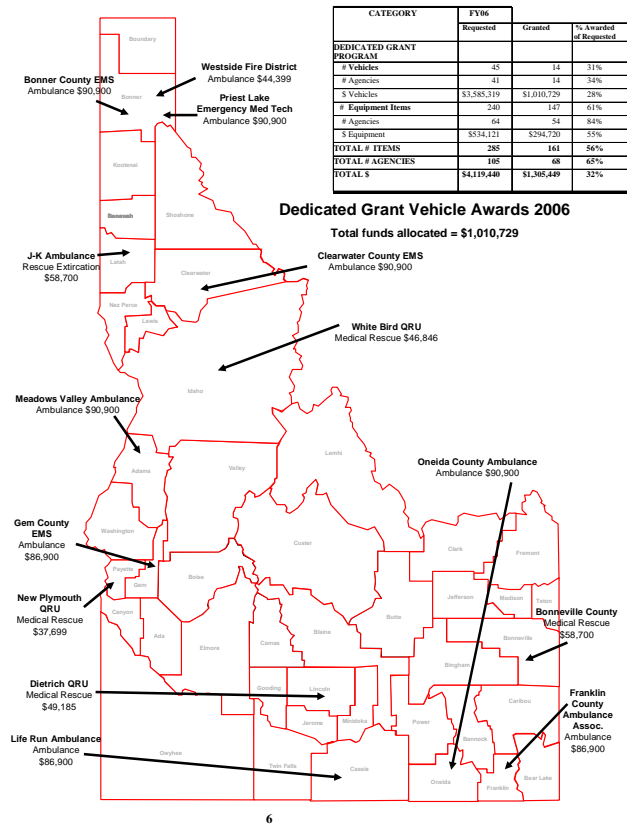
A motion was made to explore the ability of the EMS Bureau to measure the ability of EMS providers to obtain on-line pediatric specific medical direction while on scene and to assess EMS agencies to determine if they carried adequate pediatric EMS patient care equipment.

Grants Sub-committee

Discussion occurred concerning the vehicle award map for the 2006 Dedicated Grant vehicle award map and the distribution pattern.

Review of Training Grant applications resulted in the motions to recommend funding priority 1 training requests only, no equipment, due to budget cuts; to fund approximately 70% of the requested amount, due to budget cuts and divide any unused fund up to be used in

the regions for training needs identified by the Regional Consultants.



Licensure Sub-committee

Lincoln County EMS Upgrade from ILS Transport to ALS 2 was incomplete and not considered at this time.

Moscow Volunteer Fire Department upgrade from ILS Transport to ALS 2 was approved.

Potlatch Corporation Firefighters upgrade from BLS Non Transport to BLS Transport was

approved, contingent upon acquiring an off-line medical director before March 31, 2006

Medical Direction Sub-committee

Dr. Murry Sturkie reported on his recent meeting with the chair of the Board of Medicine, Dr. Jones. Proposed changes to the Board of Medicine law will be presented during the 2006 Legislative session. A significant change will be the creation of the Idaho EMS Physician Commission to establish standards for EMS scope of practice, and

medical supervision of EMS providers and EMS agencies.

An EMS medical directors workshop was held on October 15 in Idaho Falls.



Emergency Medical Services Advisory Committee

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